GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:3898
ANSWERED ON:24.03.2017
Infant and Maternal Mortality
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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the country's infant mortality and maternal mortality rates are very high in the country, if so, the details thereof, State/UT-wise;

(b) whether the lack of skilled manpower is a major reason for the crisis and if so, the details thereof;

(c) whether the Government is aware that the more cases of infant mortality and maternal mortality cases are reported from Community Health Centres (CHCs) in the country;

(d) if so, the details thereof including percentage of SCs/STs in infant and maternal mortality rate;

(e) whether the Government has taken note that the CHCs do not have required
number of medical specialists and other supporting staff; and

(f) if so, the steps being taken to address the Infant mortality and maternal mortality in backward and remote areas of various States including Jharkhand?

Answer

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI FAGGAN SINGH KULASTE)

(a) & (b): No. The Infant Mortality rate in India has shown constant decline from 47 per 1000 live births in the year 2010 to 37 per 1000 live births in 2015, as per the reports of Sample Registration System (SRS) published by the Registrar General of India (RGI).
Similarly, Maternal Mortality Ratio (MMR) in India has shown a decline from 212 per 100,000 live births in the period 2007-09 to 167 per 100,000 live births in the period 2011-13, according to the SRS Reports.

(c) & (d): The RGI provides data on IMR and MMR for the country and major States through its SRS reports. The state-wise details of IMR and MMR over last three years are placed at Annexure-1 and 2, respectively. However, RGI does not capture disaggregated data on IMR and MMR category-wise.

(e): Yes. The State-wise details of specialists and other supporting staff as per the Rural Health Statistics-2016 of the MoHFW, GOI are placed at Annexure Nos.- 3 to 8.

(f): The Government of India is implementing the following interventions under the National Health Mission (NHM) all across the country, including the state of Jharkhand to reduce infant and maternal mortality :

i. The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) has been launched by the Ministry of Health & Family Welfare (MoHFW), Government of India to provide fixed-day assured, comprehensive and quality antenatal care universally to all pregnant women on the 9th of every month.

ii. Promotion of Institutional deliveries through cash incentive under Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakaram (JSSK) which entitles all pregnant women delivering in public health institutions to absolutely free ante-natal check-ups, delivery including Caesarean section, post-natal care and treatment of sick infants till one year of age.

iii. Strengthening of delivery points for providing comprehensive and quality Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) Services, ensuring essential newborn care at all delivery points, establishment of Maternal and Child Health Wings (MCH), Special Newborn Care Units (SNCU), Newborn Stabilization Units (NBSU) and Kangaroo Mother Care (KMC) units for care of sick and small babies. Home Based Newborn Care (HBNC) is being provided by ASHAs to improve child care practices.

iv. Early initiation and exclusive breastfeeding for first six months and appropriate Infant and Young Child Feeding (IYCF) practices are promoted in convergence with Ministry of Women and Child Development. Village Health and Nutrition Days (VHNDs) are observed

for provision of maternal and child health services and creating awareness on maternal and child care including health and nutrition education. Ministry of Health and Family Welfare launched MAA-Mothers' Absolute Affection programme in August 2016 for improving breastfeeding practices (Initial Breastfeeding within one hour, Exclusive Breastfeeding up to six months and complementary Breastfeeding up to two years)through mass media and capacity building of health care providers in health facilities as well as in communities.

v. Universal Immunization Programme (UIP) is being supported to provide vaccination to children against many life threatening diseases such as Tuberculosis, Diphtheria, Pertussis, Polio, Tetanus, Hepatitis B and Measles. Pentavalent vaccine has been introduced all across the country and "Mission Indradhanush" has been launched to fully immunize more than 89 lakh children who are either unvaccinated or partially vaccinated; those that have not been covered during the rounds of routine immunization for various reasons.

vi. Name based tracking of mothers and children till two years of age (Mother and Child Tracking System) is done to ensure complete antenatal, intranatal, postnatal care and complete immunization as per schedule.

vii. Rashtriya Bal Swasthya Karyakram (RBSK) for health screening, early detection of birth defects, diseases, deficiencies, development delays including disability and early intervention services has been operationalized to provide comprehensive care to all the children in the age group of 0-18 years in the community.

viii. Some other important interventions are Iron and folic acid (IFA) supplementation for the prevention of anaemia among the vulnerable age groups, home visits by ASHAs to promote exclusive breast feeding and promote use of ORS and Zinc for management of diarrhoea in children.

ix. Over 21,000 ambulances are being supported under NHM to interalia transport pregnant women to institution for delivery and also for referral.

x. Government of India has adopted the Reproductive, Maternal, Newborn, Child and Adolescent Health Strategy (RMNCH+A) to improve maternal and child health outcomes. The RMNCH+A strategy recognize that child health and survival is inextricably linked to women's health across all life stages. Besides this, 184 high priority districts with relatively weaker status of maternal and child health indicators have been identified, for the intensification of RMNCH+A efforts.